

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 2

0 1

2 0 0 5

through

1 2

3 1

2 0 0 5

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

0 6

2 9

2 0 0 6

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	2	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		530585.12
(b) Cash on Hand at Beginning of Reporting Period	756241.34	
(c) Total Receipts (from Line 19)	240640.20	1476643.08
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	996881.54	2007228.20
7. Total Disbursements (from Line 31)	55060.98	1065407.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	941820.56	941820.56
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	148371.92	613044.57
(i) Itemized (use Schedule A)		
(ii) Unitemized	62751.94	375651.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	211123.86	988696.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	211123.86	994196.07
12. Transfers From Affiliated/Other Party Committees	29220.00	478050.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	538.13
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1400.00
17. Other Federal Receipts (Dividends, Interest, etc.)	296.34	2458.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	240640.20	1476643.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	240640.20	1476643.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	160.98	13317.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	160.98	13317.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54900.00	1045768.04
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	735.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5500.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	6235.00
29. Other Disbursements.....	0.00	87.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55060.98	1065407.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	55060.98	1065407.64

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	211123.86	994196.07
34. Total Contribution Refunds (from Line 28(d))	0.00	6235.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	211123.86	987961.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	160.98	13317.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	538.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	160.98	12779.47

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Frank W Harris Mailing Address 1567 Shady Ban Drive City State Zip Code Jacksons Gap AL 36861-4054 FEC ID number of contributing federal political committee. C Name of Employer Russell Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Transaction ID: 11799274 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. James Nabors Mailing Address 3316 Highway 280 City State Zip Code Alexander City AL 35010-3369 FEC ID number of contributing federal political committee. C Name of Employer Russell Medical Center Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 5 Transaction ID: 11799275 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Warren K Spellman Mailing Address P O Box DD City State Zip Code Taos NM 87571-6284 FEC ID number of contributing federal political committee. C Name of Employer Holy Cross Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 2 / 2 0 0 5 Transaction ID: 11799295 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark W Reifsteck

Mailing Address P O Box 26666

City State Zip Code
 Albuquerque NM 87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Healthcare
Services

Occupation
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 11799296

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)

Mr. Joseph A. Valdez

Mailing Address 455 St. Michael's Drive

City State Zip Code
 Santa Fe NM 87505-7663

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Regional Medi-
cal Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 2 / 2 0 0 5

Transaction ID: 11799299

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Dennis E Klima

Mailing Address 640 South State Street

City State Zip Code
 Dover DE 19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800944

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Leslie Wietstock

Mailing Address Highway 281 N, Box 688

City State Zip Code
Cando ND 58324-0688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Towner County Medical Cen-
ter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800956

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Lacy L Thomas, , CPA

Mailing Address 1800 West Charleston Blvd.

City State Zip Code
Las Vegas NV 89102-2386

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800961

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James Hobbs

Mailing Address 3315 NW Windwood Way

City State Zip Code
Bend OR 97701-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cascade Healthcare Commu-
nity

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800969

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Larry A Mullins, FACHE

Mailing Address P O Box 1068

City State Zip Code
 Corvallis OR 97339-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800970

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Russ Reinhard

Mailing Address 34514 S. Elliott Road

City State Zip Code
 Woodburn OR 97071-8702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willamette Falls Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800971

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Roy J Orr

Mailing Address 1460 'G' Street

City State Zip Code
 Springfield OR 97477-4197

FEC ID number of contributing
federal political committee.

C

Name of Employer
McKenzie-Willamette Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. James A Wathen

Mailing Address 1465 Beach Loop Road

City State Zip Code
 Bandon OR 97411-8801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Coos Hospital and
Health Cent

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800973

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Victor J Fresolone, , FACHE

Mailing Address 187 Birdie Lane

City State Zip Code
 Roseburg OR 97470-9283

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800974

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. James R Barnhart

Mailing Address 400 Ninth Street

City State Zip Code
 Florence OR 97439-7398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peace Harbor Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11800976

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Frank J. Kelly

Mailing Address 24 Hospital Avenue

City State Zip Code
 Danbury CT 06810-6099

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11801809

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. David W Benfer, , FACHE

Mailing Address 5 Selden Avenue

City State Zip Code
 Branford CT 06405-5535

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital of Saint Raphael

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11801810

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Steven D Hanks, , M.D.

Mailing Address P O Box 100

City State Zip Code
 New Britain CT 06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation
Senior Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11801811

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Clarence J Silvia

Mailing Address P O Box 100

City State Zip Code
 Southington CT 06050-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Britain General Hospi-
tal

Occupation
Senior Vice President and Chief Operat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 7 / 2 0 0 5

Transaction ID: 11801812

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Bill M. Welch

Mailing Address 3352 Corey Drive

City State Zip Code
 Reno NV 89509-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Hospital Associati-
on

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 5

Transaction ID: 11802061

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Eva C. LaBarge

Mailing Address 6434 Sun Flag Ct.

City State Zip Code
 Sparks NV 89436-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nevada Hospital Associati-
on

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 0 8 / 2 0 0 5

Transaction ID: 11802062

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Edward A Eckenhoff

Mailing Address 102 Irving Street NW

City State Zip Code
 Washington DC 20010-2949

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Rehabilitation
Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 8 / 2 0 0 5

Transaction ID: 11802167

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Melinda Estes, M.D.

Mailing Address 111 Colclester Avenue

City State Zip Code
 Burlington VT 05401-1473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fletcher Allen Health Care

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 0 8 / 2 0 0 5

Transaction ID: 11802177

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerald D Wages

Mailing Address 830 S. Gloster Street

City State Zip Code
 Tupelo MS 38801-4996

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Health
Services, Inc

Occupation
Interim President and Chief Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 11807350

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Calvin Johnson
Mailing Address 10 Erskina Road

City State Zip Code
French Camp MS 39745-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kilmichael Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11807370

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Wallace Strickland
Mailing Address 1314 19th Avenue

City State Zip Code
Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Foundation Hospital

Occupation
President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11807371

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Claude W Harbarger
Mailing Address 969 Lakeland Drive

City State Zip Code
Jackson MS 39216-4699

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Dominic-Jackson Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11807372

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven E Brown, , FACHE

Mailing Address 19745 NE 127th Pl.

City

Woodinville

State

WA

Zip Code

98072-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11808136

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

V.P., Advocacy & Member Communications

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11808138

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Paul Lakeman

Mailing Address 640 South State Street

City

Dover

State

DE

Zip Code

19901-3597

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayhealth Medical Center

Occupation

President, Bayhealth Foundation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 5

Transaction ID: 11809022

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael J Biediger

Mailing Address 2720 Sunset Boulevard

City State Zip Code
 West Columbia SC 29169-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lexington Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 2 / 2 0 0 5

Transaction ID: 11811036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Douglas G. Vang

Mailing Address 502 Harwood Drive

City State Zip Code
 Fargo ND 58104-6276

FEC ID number of contributing
federal political committee.

C

Name of Employer
MeritCare Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11813428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Susan Bosak

Mailing Address 720 Fourth Street North

City State Zip Code
 Fargo ND 58122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MeritCare Health System

Occupation
Manager Public Policy and Government R

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11813429

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Dr. Roger L Gilbertson, M.D. Mailing Address 2946 West Country Club Drive City State Zip Code Fargo ND 58103 FEC ID number of contributing federal political committee. C Name of Employer MeritCare Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11813430 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. John Doherty Mailing Address 720 Fourth Street North City State Zip Code Fargo ND 58122 FEC ID number of contributing federal political committee. C Name of Employer MeritCare Health System Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11813431 Amount of Each Receipt this Period 175.00
C. Full Name (Last, First, Middle Initial) Mr. David Molmen Mailing Address 1000 South Columbia Road City State Zip Code Grand Forks ND 58201-4032 FEC ID number of contributing federal political committee. C Name of Employer Altru Health System Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11813797 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas P. Nickels

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11813843

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. George F. Bergstrom

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11813844

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Cliff Coker

Mailing Address 11470 Euclid Avenue
Suite 32

City State Zip Code
Cleveland OH 44106-3938

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals of
Cleveland

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816512

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Archilles A. Demetriou

Mailing Address 26600 George Zeiger Drive

City State Zip Code
Beachwood OH 44122-7529

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS-Memorial Hospital of
Geneva

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816513

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. R. Reed Fraley

Mailing Address 257 Clouse Lane

City State Zip Code
Granville OH 43023-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816514

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ms. Heidi L. Gartland

Mailing Address 5958 Heather Lane

City State Zip Code
Hudson OH 44236-4325

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals of
Cleveland

Occupation
Vice President, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Cynthia Ann Moore-Hardy Mailing Address 375 Miner Road City Highland Heights State OH Zip Code 44143-1531 FEC ID number of contributing federal political committee. C Name of Employer Lake Hospital System Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11816516 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Kevin Roberts Mailing Address 5593 High Point City Solon State OH Zip Code 44139-2086 FEC ID number of contributing federal political committee. C Name of Employer Rainbow Babies and Children's Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11816517 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Paul Tait Mailing Address 6560 Thorntree Drive City Brecksville State OH Zip Code 44141-1769 FEC ID number of contributing federal political committee. C Name of Employer University Hospitals of Cleveland Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5 Transaction ID: 11816518 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas F Zenty, , III

Mailing Address 19924 Chagrin Blvd.

City State Zip Code
 Shaker Heights OH 44122-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals Heal-
th System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. J Thomas Ryan, , M.D.

Mailing Address 1001 Sam Perry Boulevard

City State Zip Code
 Fredericksburg VA 22401-3354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Washington Hospital

Occupation
Executive Vice President, Medical Affa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816572

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Cheryl Ricciardi

Mailing Address 15218 Philip Lee Road

City State Zip Code
 Chantilly VA 20151-1309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fair Oaks Hospital

Occupation
Director, Case Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11816576

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher Mosley

Mailing Address 1366 Simon Drive

City State Zip Code
 Chesapeake VA 23320-7668

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818138

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ms. Candice Saunders

Mailing Address 3300 Gallows Road

City State Zip Code
 Falls Church VA 22042-3307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation
Assistant Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818143

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ms. Cynthia Speck

Mailing Address 305 Mashie Drive SE

City State Zip Code
 Vienna VA 22180-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818151

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John M. Toups
Mailing Address 1460 Waggaman Circle

City State Zip Code
McLean VA 22101-4004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818152

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert A. Broermann
Mailing Address 1812 Haversham Key

City State Zip Code
Virginia Beach VA 23454-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Healthcare

Occupation
Chief Financial Officer & VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818155

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Christopher L. Wearmouth
Mailing Address 119 Dail Rock Road

City State Zip Code
North Tazewell VA 24630-9437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tazewell Community Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818156

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen Cumbie

Mailing Address 837 Mackall Drive

City State Zip Code
McLean VA 22101-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Manager & Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818165

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Mr. Douglas P Cropper

Mailing Address 4032 Hunt Road

City State Zip Code
Fairfax VA 22032-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818166

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Mr. Leslie Donahue

Mailing Address 3236 Page Avenue

City State Zip Code
Virginia Beach VA 23451-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sentara Virginia Beach Ge-
neral Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818170

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William H. Flannagan, Jr.

Mailing Address 3131 Rivanna Court

City

Woodbridge

State

VA

Zip Code

22192-3373

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Hospital

Occupation

Executive Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818175

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Barbara Brown, Ph.D.

Mailing Address 11 Countryside Lane

City

Richmond

State

VA

Zip Code

23229-7928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hospital & Health-
care Associa

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818178

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. John L. Fitzgerald

Mailing Address 3600 Joseph Siewick Drive

City

Fairfax

State

VA

Zip Code

22033-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fair Oaks Hospital

Occupation

Vice President and Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11818179

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Ronald K Rooney

Mailing Address P O Box 339

City State Zip Code
 Paragould AR 72451-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arkansas Methodist Medical
Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

412.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821202

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Raymond W Montgomery, II

Mailing Address 3214 East Race

City State Zip Code
 Searcy AR 72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer
White County Medical Cent-
er

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821203

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Larry Morse

Mailing Address P O Box 738

City State Zip Code
 Clarksville AR 72830-0738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson Regional Medical
Center

Occupation
Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821204

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Allen F Smith Mailing Address 9601 Interstate 630, Exit 7 City State Zip Code Little Rock AR 72205-7299 FEC ID number of contributing federal political committee. C Name of Employer Occupation Baptist Health Senior Vice President Financial Service Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11821205 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton Mailing Address 1999 Broadway, Suite 2600 City State Zip Code Denver CO 80202-3025 FEC ID number of contributing federal political committee. C Name of Employer Occupation Catholic Health Initiatives President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11821336 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Ms. Robyn Cooke Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer Occupation American Hospital Association-Washingt Director of Operations Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11821774 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Charles Potter

Mailing Address 723 Memorial Street

City State Zip Code
Prosser WA 99350-1593

FEC ID number of contributing
federal political committee.

C

Name of Employer
Prosser Memorial Hospital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821786

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Charles E Hawley

Mailing Address 506 Second Avenue, Suite 1200

City State Zip Code
Seattle WA 98104-2329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Health & Services

Occupation
Vice President Advocacy and Integrity

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821787

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Theodore E Townsend

Mailing Address 1026 'A' Avenue Northeast

City State Zip Code
Cedar Rapids IA 52402-5074

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11821795

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Robert J Laskowski, M.D.

Mailing Address 9 Meadows Lane

City	State	Zip Code
Wilmington	DE	19807-1243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	5

Transaction ID: 11821913

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr. Scott Bowman

Mailing Address 304 Wright Street

City	State	Zip Code
Sweetwater	TN	37874-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sweetwater HospitalOccupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	5

Transaction ID: 11836567

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Jeannine Briley

Mailing Address 500 Interstate Blvd. South

City	State	Zip Code
Nashville	TN	37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital AssociationOccupation
Vice President, Education Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	0	5

Transaction ID: 11836568

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Tim S Brown Mailing Address 1850 Old Knoxville City Tazewell State TN Zip Code 37879-3625 FEC ID number of contributing federal political committee. C Name of Employer Claiborne County Hospital Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836569 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Charlotte Burns Mailing Address 60 Southern Lane City Savannah State TN Zip Code 38372-2294 FEC ID number of contributing federal political committee. C Name of Employer Hardin County General Hospital Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836570 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. James Byrd Mailing Address 500 Interstate Blvd. South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Bradley Memorial Hospital Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836571 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)**750.00****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Chris Clarke		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 500 Interstate Blvd. South		Transaction ID: 11836572
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Hospital Association	Occupation Senior Vice President, Clinical and Pr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Mr. Michael A. Dietrich		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 500 Interstate Boulevard South		Transaction ID: 11836574
City Nashville	State TN	Zip Code 37210-4634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tennessee Hospital Association	Occupation Assistant Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Marvin Eichorn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 400 North State of Franklin Rd		Transaction ID: 11836575
City Johnson City	State TN	Zip Code 37604-6094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johnson City Medical Center	Occupation Senior Vice President and Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna Dickens Mailing Address 500 Interstate Boulevard South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Vice President, Accounting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836576 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. James L. Goodloe Mailing Address 500 Interstate Blvd. South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer Tennessee Hospital Association Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836579 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Ms. Susan Heath Mailing Address 2201 Children's Way City Nashville State TN Zip Code 37212-3164 FEC ID number of contributing federal political committee. C Name of Employer Vanderbilt Stallworth Rehabilitation H Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836580 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael Huggins

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836583

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Judith V. Ingala

Mailing Address 400 North State of Franklin Road

City State Zip Code
Johnson City TN 37604-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johnson City Medical Cent-
er

Occupation
Vice President and CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836584

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Bill Jolley

Mailing Address 500 Interstate Blvd., South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836585

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Michelle Long		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 500 Interstate Blvd. South		
City Nashville	State TN	Transaction ID: 11836588 Amount of Each Receipt this Period 250.00
Zip Code 37210-4634		
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation SVP and General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. David H. McClure		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 500 Interstate Boulevard South		
City Nashville	State TN	Transaction ID: 11836591 Amount of Each Receipt this Period 250.00
Zip Code 37210-4634		
FEC ID number of contributing federal political committee. C		
Name of Employer Tennessee Hospital Association	Occupation Vice President, Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. John W Melton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5
Mailing Address 400 North State of Franklin Rd		
City Johnson City	State TN	Transaction ID: 11836592 Amount of Each Receipt this Period 250.00
Zip Code 37604-6094		
FEC ID number of contributing federal political committee. C		
Name of Employer Johnson City Medical Center	Occupation Senior Vice President Operations and C	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Betsy B. Wood		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 500 Interstate Boulevard, South		Transaction ID: 11836599	
City Nashville	State TN	Zip Code 37210-4634	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tennessee Hospital Association		Occupation Vice President, Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Mr. David Archer		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 313 North Main Street		Transaction ID: 11836602	
City Ashland City	State TN	Zip Code 37015-1358	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Centennial Medical Center at Ashland C		Occupation Director, Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
C. Full Name (Last, First, Middle Initial) Mr. Craig A. Becker		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5	
Mailing Address 9616 Brunswick		Transaction ID: 11836603	
City Brentwood	State TN	Zip Code 37027-8467	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tennessee Hospital Association		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ruth W Brinkley

Mailing Address 2525 De Sales Avenue

City State Zip Code
 Chattanooga TN 37404-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836604

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph M Dawson

Mailing Address 907 East Lamar Alexander Pkwy

City State Zip Code
 Maryville TN 37804-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blount Memorial Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836605

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Greg Duckett

Mailing Address 350 N Humphreys Boulevard

City State Zip Code
 Memphis TN 38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporation

Occupation
Senior Vice President and Chief Legal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836606

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. William Gracey Mailing Address 103 Powell Court, Suite 200 City State Zip Code Brentwood TN 37027-5079 FEC ID number of contributing federal political committee. C Name of Employer LifePoint Hospitals, Inc. Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836607 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Robert P Main Mailing Address One Siskin Plaza City State Zip Code Chattanooga TN 37403-1306 FEC ID number of contributing federal political committee. C Name of Employer Siskin Hospital for Physical Rehabilitation Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836608 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. James L McMackin Mailing Address 421 South Main Street City State Zip Code Crossville TN 38555-5031 FEC ID number of contributing federal political committee. C Name of Employer Cumberland Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836609 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Bruce W Steinhauer, M.D.

Mailing Address 877 Jefferson Avenue

City State Zip Code
 Memphis TN 38103-2897

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regional Medical Center
at Memphis

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836610

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Layne Van Cleave

Mailing Address 1208 Brookview Drive

City State Zip Code
 Brentwood TN 37027-8424

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tennessee Hospital Associ-
ation

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836714

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis Vonderfecht

Mailing Address 400 N State of Franklin

City State Zip Code
 Johnson City TN 37604-6035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain States Health Al-
liance

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836715

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James L. Brexler

Mailing Address 975 East Third Street

City State Zip Code
 Chattanooga TN 37403-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836716

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James Lee Decker

Mailing Address 2840 Wimbledon Court

City State Zip Code
 Clarksville TN 37043-2426

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hospital of Cocke
County

Occupation
Senior Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James D. Gann

Mailing Address Post Office Box 489

City State Zip Code
 Harriman TN 37748-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roane Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836718

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert S. Gordon
Mailing Address 7891 Cross Pike Drive

City State Zip Code
Germantown TN 38138-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporati

Occupation
Executive Vice President & CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836719

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Monty McLaurin
Mailing Address 2000 Brookside Drive

City State Zip Code
Kingsport TN 37660-4682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Path Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836720

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Thelma K. Traut
Mailing Address 1080 Cedar Drive
Cedar Lake Estates

City State Zip Code
Camden TN 38320-6033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Hospital-
Huntingdon

Occupation
Vice Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 0 / 2 0 0 5

Transaction ID: 11836721

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Berton Whitaker Mailing Address PO Box 238 City Kingsport State TN Zip Code 37662-0238 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836722 Amount of Each Receipt this Period 250.00
Name of Employer Wellmont Holston Valley Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Mr. David C Hogan Mailing Address 350 North Humphreys Boulevard City Memphis State TN Zip Code 38120-2177 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836723 Amount of Each Receipt this Period 125.00
Name of Employer Baptist Memorial Health Care Corporation Occupation Executive Vice President and Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Ellen Wilhoit Mailing Address P O Box 8005 City Sevierville State TN Zip Code 37864-8005 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 5 Transaction ID: 11836724 Amount of Each Receipt this Period 125.00
Name of Employer Fort Sanders-Sevier Medical Center Occupation President and Chief Administrative Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Philip K. Beauchamp

Mailing Address 1560 Gulf Blvd.

City State Zip Code
Clearwater FL 33767-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Mease Health
Care

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11840106

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Dana Ferrell

Mailing Address 807 Nira Street

City State Zip Code
Jacksonville FL

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nemours Children's Clinic

Occupation
Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11840123

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. William A Giudice

Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11840129

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ford Kyes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 403 Red Ceder Ct.		Transaction ID: 11840143
City State Zip Code Saint Petersburg FL 33703-6200	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Anthony's Hospital	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Stephen Mason		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address 3909 Snapper Pointe Drive		Transaction ID: 11840148
City State Zip Code Tampa FL 33611-1030	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer N.W. Fla. Comm. Hospital	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. James R Nathan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 5
Mailing Address P O Box 2218		Transaction ID: 11840158
City State Zip Code Fort Myers FL 33902-2218	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Lee Memorial Health System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 182

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. C. B. Rebsamen, MD
Mailing Address 18201 Chesapeake Ct.

City State Zip Code
Fort Myers FL 33908-4676

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11840167

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Thomas M Rozek
Mailing Address 3100 SW 62nd Avenue

City State Zip Code
Miami FL 33155-3009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11840170

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Charles F. Harms
Mailing Address 2520 Moonlight Ct.

City State Zip Code
Cheyenne WY 82009-8572

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11841100

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Ronald A Ommen Mailing Address P O Box 428 City State Zip Code Jackson WY 83001-0428 FEC ID number of contributing federal political committee. C Name of Employer St. John's Medical Center and Living C Occupation Chief Executive Officer and Administra Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11841101 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Patsy Carter Mailing Address PO Box 460 City State Zip Code Rawlins WY 82301-0460 FEC ID number of contributing federal political committee. C Name of Employer Carbon County Memorial Ho-spital Occupation COO and Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11841102 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Bill Sexton Mailing Address 1920 Cornwall Street City State Zip Code Casper WY 82609-3816 FEC ID number of contributing federal political committee. C Name of Employer Wyoming Behavioral Instit-ute Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11841103 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. J. Steve Perry

Mailing Address 110 Hospital Lane

City State Zip Code
Afton WY 83110-0579

FEC ID number of contributing
federal political committee.

C

Name of Employer
Star Valley Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	5

Transaction ID: 11841104

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Rod Barton

Mailing Address 650 MTN View

City State Zip Code
Powell WY 82435-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Powell Valley HealthcareOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	5

Transaction ID: 11841105

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Daniel J. Perdue

Mailing Address 2005 Warren Avenue
Post Office Box 249

City State Zip Code
Cheyenne WY 82001-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wyoming Hospital AssociationOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	5

Transaction ID: 11841106

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Bell
Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11841160

Amount of Each Receipt this Period

57.69

B. Full Name (Last, First, Middle Initial)
Mr. Fred J. Lucky
Mailing Address 14607 West 89th Street

City State Zip Code
Lenexa KS 66215-2967

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11841161

Amount of Each Receipt this Period

57.69

C. Full Name (Last, First, Middle Initial)
Mr. John C. Peterson
Mailing Address 2841 SW Plass Avenue

City State Zip Code
Topeka KS 66611-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11841169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

365.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Thomas L. Bell
Mailing Address 4301 NW Valley Road

City State Zip Code
Topeka KS 66618-3445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Hospital Associati-
on

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.99

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11841170

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Myles Brand, Ph.D.
Mailing Address I-65 at 21st Street

City State Zip Code
Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841220

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. David L. Callecod, , FACHE
Mailing Address 441 North Wabash Avenue

City State Zip Code
Marion IN 46952-2690

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841229

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Anne Coleman

Mailing Address 6630 S. 850 E.

City State Zip Code
 Zionsville IN 46077-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Women's Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841245

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Barrett Evans

Mailing Address 165 at 21st Street

City State Zip Code
 Indpls IN 46206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841281

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Daniel F Evans, Jr.

Mailing Address 1-65 at 21st Street

City State Zip Code
 Indianapolis IN 46202-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health Partners

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841282

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary A Fammartino

Mailing Address 4213 W. 131st Street

City

Westfield

State

IN

Zip Code

46074-9603

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Stress Center

Occupation

Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841284

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Sam Flanders, M.D.

Mailing Address I-65 at 21st Street

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Sr. Vice President

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841291

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Goodrich

Mailing Address I-65 at 21st Street

City

Indianapolis

State

IN

Zip Code

46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Board Member

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841314

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Richard Graffis, M.D.

Mailing Address P O Box 1367

City

Indianapolis

State

IN

Zip Code

46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Executive Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841320

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas J Gryzbek

Mailing Address 5454 Hohman Avenue

City

Hammond

State

IN

Zip Code

46320-1999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Margaret Mercy Healthcare Center

Occupation

Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841323

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert J Heckert, Jr.

Mailing Address 867 Forestville Meadows Dr.

City

Great Falls

State

VA

Zip Code

22066-2437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Daviss Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. D. Keith Jewell

Mailing Address 14838 Sulky Way

City State Zip Code
Carmel IN 46032-5172

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital-Moor-
esville

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841375

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gregory G. Jones

Mailing Address 219 Fawn Ct.

City State Zip Code
Pittsboro IN 46167-9178

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841378

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Patricia A Maryland, M.D., P.H.

Mailing Address 10995 Sedgemoor Circle

City State Zip Code
Carmel IN 46032-9194

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841417

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 182

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Charles H Mason, Jr.

Mailing Address 6402 Cherry Hill Parkway

City State Zip Code
 Fort Wayne IN 46835-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

687.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841418

Amount of Each Receipt this Period

187.50

Full Name (Last, First, Middle Initial)

B. Ms. Angela McBride

Mailing Address I-65 at 21st Street

City State Zip Code
 Indianapolis IN 46202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841420

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Bruce Melchert

Mailing Address P O Box 1367

City State Zip Code
 Indianapolis IN 46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Vice President Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841442

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

937.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mrs. Jean M. Meyer

Mailing Address 201 Angela Court

City State Zip Code
Noblesville IN 46060-9241

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
Sr. Vice President & Chief Nursing Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841445

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Joseph Murdock

Mailing Address 930 Sable Run

City State Zip Code
Carmel IN 46032-9434

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841466

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Samuel L. Odle

Mailing Address 1701 N. Senate Boulevard

City State Zip Code
Indianapolis IN 46206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841486

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Marvin G Pember

Mailing Address P O Box 1367

City State Zip Code
 Indianapolis IN 46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Executive Vice President and Chief Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841503

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Jon D. Rahman, M.D.

Mailing Address 814 Burlington Lane

City State Zip Code
 Carmel IN 46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841520

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Linda Roberts

Mailing Address 165 at 21st Street

City State Zip Code
 Indpls IN 46206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841533

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William B. Stephan
Mailing Address I-65 at 21st Street

City State Zip Code
Indianapolis IN 46202-5250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841591

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Norman G Tabler, Jr.
Mailing Address P O Box 1367

City State Zip Code
Indianapolis IN 46206-1367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President and General Coun

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841605

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Steve Wantz
Mailing Address 7218 Marstella Drive

City State Zip Code
Brownsburg IN 46112-8442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clarian Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841637

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Michael C. Wiemann, M.D.

Mailing Address 1814 N. 1100 E.

City State Zip Code
 Sheridan IN 46069-9047

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841653

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Ian G. Worden

Mailing Address 10749 King's Mill Dr.

City State Zip Code
 Carmel IN 46032-9467

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health Servi

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841665

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. James P Alender

Mailing Address 2601 Greentree Lane

City State Zip Code
 Kokomo IN 46902-2951

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard Regional Health Sy-
stem

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841669

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Peter H Alexander

Mailing Address 1082 Maple Ave

City State Zip Code
 Noblesville IN 46060-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Elizabeth Ann Seton
Hospital of In

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.25

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 0 5

Transaction ID: 11841670

Amount of Each Receipt this Period

6.25

B. Full Name (Last, First, Middle Initial)

Ms. Karen Nelson

Mailing Address 2 Stone Headge Drive

City State Zip Code
 Wilmington MA 01887-3190

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Organization
of Nurse Ex

Occupation
Sr. Vice President, Clinical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11842415

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Michael Regunberg

Mailing Address

City State Zip Code
 Burlington MA

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11842416

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

506.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael V Sack

Mailing Address 585 Lebanon Street

City State Zip Code
 Melrose MA 02176-3225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hallmark Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11842417

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Alan D Knight

Mailing Address 275 Sandwich Street

City State Zip Code
 Plymouth MA 02360-2183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11842427

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary Moore

Mailing Address 3 Jacobs Gulch

City State Zip Code
 Kellogg ID 83837-2096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shoshone Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843287

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

773.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Tom Legel Mailing Address 2003 Lincoln Way City State Zip Code Coeur D' Alene ID 83814-2677 FEC ID number of contributing federal political committee. C Name of Employer Occupation Kootenai Medical Center Vice President and Chief Financial Off Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>254.00</div>			Date of Receipt <div>12 / 28 / 2005</div> Transaction ID: 11843332 Amount of Each Receipt this Period <div>4.00</div>
B. Full Name (Last, First, Middle Initial) Mr. Steven A. Millard Mailing Address 615 N. 7th Street City State Zip Code Eagle ID 83702-5502 FEC ID number of contributing federal political committee. C Name of Employer Occupation Idaho Hospital Association President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>279.00</div>			Date of Receipt <div>12 / 28 / 2005</div> Transaction ID: 11843353 Amount of Each Receipt this Period <div>29.00</div>
C. Full Name (Last, First, Middle Initial) Mr. Joseph E. Morris, III Mailing Address 304 S 11th Street City State Zip Code Coeur D Alene ID 83814-3905 FEC ID number of contributing federal political committee. C Name of Employer Occupation Kootenai Medical Center Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>273.00</div>			Date of Receipt <div>12 / 28 / 2005</div> Transaction ID: 11843357 Amount of Each Receipt this Period <div>23.00</div>

SUBTOTAL of Receipts This Page (optional)

56.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark B Adams

Mailing Address 1717 Arlington

City State Zip Code
 Caldwell ID 83605-4864

FEC ID number of contributing federal political committee.

C

Name of Employer
West Valley Medical CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843361

Amount of Each Receipt this Period

23.00

B. Full Name (Last, First, Middle Initial)

Mr. Louis D Kraml, , CHE

Mailing Address 98 Poplar Street

City State Zip Code
 Blackfoot ID 83221-1799

FEC ID number of contributing federal political committee.

C

Name of Employer
Bingham Memorial HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843366

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Tom Wilbur

Mailing Address 14709 N Lowe Rd.

City State Zip Code
 Mead WA 99021-9434

FEC ID number of contributing federal political committee.

C

Name of Employer
Empire Health ServicesOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843406

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

598.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark D Judy

Mailing Address P O Box 646

City State Zip Code
 Monroe WA 98272-0646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843407

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. A. Hugh Greene

Mailing Address 3939 Cordova Avenue

City State Zip Code
 Jacksonville FL 32207-6018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843416

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. James F. Caldas

Mailing Address 6016 Overlea Road

City State Zip Code
 Bethesda MD 20816-2469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11843418

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard A Long

Mailing Address P O Box 2500

City

Wilmington

State

DE

Zip Code

19805-0500

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11846463

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jeffrey M Fried, , FACHE

Mailing Address 17 Patriots Way

City

Rehoboth Beach

State

DE

Zip Code

19971-1057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beebe Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11847250

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Geoffrey F Cole

Mailing Address 34 Maple Street

City

Norwalk

State

CT

Zip Code

06850-3815

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11847483

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas P Pipicelli

Mailing Address 214 Atkins Street

City

Meriden

State

CT

Zip Code

06450-3404

FEC ID number of contributing
federal political committee.

C

Name of Employer
The William W. Backus Hos-
pital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11847484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Susan L. Davis, , R.N., Ed

Mailing Address 2800 Main Street

City

Bridgeport

State

CT

Zip Code

06606-4292

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Medical Cen-
ter

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11847486

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Reginald J. Lavoie

Mailing Address Swiftwater Road

City

Woodsville

State

NH

Zip Code

03785-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cottage Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11848381

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Jeff Boutelle

Mailing Address 2918 Winthrop Road

City State Zip Code
Shaker Heights OH 44120-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Richmond Heights Hos-
pital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850372

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Michael Nochomovitz

Mailing Address 118 Partridge Lane

City State Zip Code
Chagrin Falls OH 44022-4042

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Richmond Heights Hos-
pital

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850376

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Fred C Rothstein, M.D.

Mailing Address 1080 W. Hill Drive

City State Zip Code
Gates Mills OH 44040-9627

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals of
Cleveland

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850377

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tom Snowberger
Mailing Address 21926 McCauley Road

City State Zip Code
Shaker Heights OH 44122-2708

FEC ID number of contributing
federal political committee.

C

Name of Employer
UHHS Brown Memorial Hospi-
tal

Occupation
Senior VP, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850378

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven Standley
Mailing Address 29000 Center Ridge Rd.

City State Zip Code
Westlake OH 44145-5293

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Charity Hospi-
tal

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850379

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael A. Szubski
Mailing Address 420 Countryside Drive

City State Zip Code
Broadview Heights OH 44147-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMH Regional Medical Cent-
er

Occupation
Executive Vice President & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John E. Callender

Mailing Address 2743 Elginfield Road

City State Zip Code
 Upper Arlington OH 43220-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850382

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce D Begley

Mailing Address P O Box 48

City State Zip Code
 Henderson KY 42420-0048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850585

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Jeffrey Seraphine

Mailing Address 1140 Lexington Road

City State Zip Code
 Georgetown KY 40324-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850586

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joanna G. Thomas

Mailing Address 162 Talbott Drive

City State Zip Code
 Bowling Green KY 42103-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Kentucky Rehabi-
litation Hosp

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850587

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph L Woodin

Mailing Address 702 Partridge Hill Lane

City State Zip Code
 Randolph VT 05060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gifford Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Slusky

Mailing Address 289 County Road

City State Zip Code
 Windsor VT 05089-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Ascutney Hospital and
Health Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11850614

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Jodi Bloch Mailing Address 207 N Spooner Street City Madison State WI Zip Code 53726-4034 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Vice President, Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1243.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11850707 Amount of Each Receipt this Period 201.00
B. Full Name (Last, First, Middle Initial) Mr. Eric Borgerding Mailing Address 325 Glacier Ridge Tr City Verona State WI Zip Code 53593-1754 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Sr. Vice President, Government Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1535.62		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11850708 Amount of Each Receipt this Period 168.00
C. Full Name (Last, First, Middle Initial) Ms. Laura Leitch Mailing Address 4222 Mandan Crescent City Madison State WI Zip Code 53711-3062 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation Vice President and General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1090.20		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11850709 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)

452.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Judith Warmuth Mailing Address 231 W School Street Route 4 City State Zip Code Belleville WI 53508-9599 FEC ID number of contributing federal political committee. C Name of Employer Wisconsin Hospital Association Occupation VP, Workforce Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1283.55		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 8 / 2 0 0 5 Transaction ID: 11850710 Amount of Each Receipt this Period 125.01
B. Full Name (Last, First, Middle Initial) Ms. Laura D. Appel Mailing Address 224 Vicksburg City State Zip Code Lansing MI 48917-9607 FEC ID number of contributing federal political committee. C Name of Employer Michigan Health & Hospital Association Occupation Senior Director, Legislative Policy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11850735 Amount of Each Receipt this Period 650.00
C. Full Name (Last, First, Middle Initial) Ms. Kathleen A. Dickenson Mailing Address 2678 Moreno Drive City State Zip Code Lansing MI 48911-6460 FEC ID number of contributing federal political committee. C Name of Employer MHA Service Corporation Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 964.29		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11850737 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

1525.01

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David S. Finkbeiner
Mailing Address 85 Damon Road

City State Zip Code
Haslett MI 48840-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Senior Director, Legislative Issues

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850749

Amount of Each Receipt this Period

315.00

B. Full Name (Last, First, Middle Initial)
Ms. Christine Goeschel, RN, MPA, M
Mailing Address 6916 Toboggan Lane

City State Zip Code
Lansing MI 48917-8632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

752.51

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850756

Amount of Each Receipt this Period

752.51

C. Full Name (Last, First, Middle Initial)
Mr. David B. Jahn
Mailing Address 3174 S. Woodfield Blvd.
Apt. 136

City State Zip Code
Sault Sainte Marie MI 49783-9432

FEC ID number of contributing
federal political committee.

C

Name of Employer
War Memorial Hospital

Occupation
Hospital CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850763

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1567.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Lori Latham
Mailing Address 1314 George Street

City State Zip Code
Lansing MI 48910-1235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850771

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim Lee
Mailing Address 803 Greenwich Drive

City State Zip Code
Grand Ledge MI 48837-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
VP, Corporate Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850782

Amount of Each Receipt this Period

385.00

C. Full Name (Last, First, Middle Initial)
Mr. Bradley D. Lonsberry
Mailing Address 4844 Sycamore Street

City State Zip Code
Holt MI 48842-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

857.16

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850785

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sherry Mirasola
Mailing Address 3896 Breckinridge

City State Zip Code
Okemos MI 48864-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850791

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen J. O'Connor
Mailing Address 606 Hastay Boulevard

City State Zip Code
Eaton Rapids MI 48827-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Service Corporation

Occupation
Senior Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850798

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Verne J. Rambo, II
Mailing Address 1136 Norfolk Circle

City State Zip Code
Grand Ledge MI 48837-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer
MHA Insurance Company

Occupation
Vice President, Alternative Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850806

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Peter J. Schonfeld
Mailing Address 7105 Cutler Road

City State Zip Code
Bath MI 48808-9439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan Health & Hospital
Association

Occupation
Sr. Vice President, Policy & Data Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850808

Amount of Each Receipt this Period

750.00

B. Full Name (Last, First, Middle Initial)
Mr. Steve Barnett
Mailing Address 830 Hemingway Road

City State Zip Code
Lake Orion MI 48362-2635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor Beach Community Ho-
spital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850828

Amount of Each Receipt this Period

265.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael Duggan
Mailing Address 38980 Ann Arbor Trail

City State Zip Code
Livonia MI 48150-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850831

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1515.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Garry C. Faja

Mailing Address 920 Aberdeen Drive

City State Zip Code
 Ann Arbor MI 48104-2808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Joseph Mercy Health
System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850832

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Elliot Joseph

Mailing Address 731 S. Bates

City State Zip Code
 Birmingham MI 48009-1955

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Health

Occupation
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850836

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Mr. Peter Karadjoff

Mailing Address 304 Fairway Court

City State Zip Code
 St. Clair MI 48079-3570

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850837

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Donald C Kooy

Mailing Address G3235 Beecher Road, Suite B

City State Zip Code
 Flint MI 48532

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLaren Health Care Corpo-
ration

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Philip H McCorkle, Jr.

Mailing Address 7865 Whitburn Dr. SE

City State Zip Code
 Ada MI 49301-9398

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Mary's Health Care

Occupation
Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850840

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas Mroczkowski

Mailing Address 2645 Rosewood Lane

City State Zip Code
 Petoskey MI 49770-8319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Michigan Regional
Health Syst

Occupation
Health System CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara W. Rossmann

Mailing Address 54311 Queensborough Drive

City State Zip Code
 Shelby Township MI 48315-1166

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850843

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Nancy M. Schlichting

Mailing Address 15 Turnberry Lane

City State Zip Code
 Dearborn MI 48120-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850844

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. James J. Sexton

Mailing Address 27100 Loma Court

City State Zip Code
 Grosse Ile MI 48138-2170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henry Ford Wyandotte Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850846

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul A Spaude

Mailing Address 6354 East Bay Lane

City State Zip Code
 Richland MI 49083-8707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Borgess Health Alliance

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850847

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark Taylor

Mailing Address 16 Dodge Place

City State Zip Code
 Grosse Pointe MI 48230-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Hospital and Med-
ical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11850848

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Steve Altmiller

Mailing Address 801 West Maple Street

City State Zip Code
 Farmington NM 87401-5698

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Juan Regional Medical
Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 0 / 2 0 0 5

Transaction ID: 11853726

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Bruce J. Rueben
Mailing Address 4885 Pheasant Court South

City State Zip Code
Afton MN 55001-9415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856156

Amount of Each Receipt this Period

269.50

B. Full Name (Last, First, Middle Initial)
Mr. Mark Sonneborn
Mailing Address 2550 University Avenue

City State Zip Code
St. Paul MN 55114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Minnesota Hospital Associ-
ation

Occupation
Vice President of Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856160

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Mr. James F Hanko
Mailing Address 3405 Riverside Dr. NE

City State Zip Code
Bemidji MN 56601-5310

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Country Regional Ho-
spital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.38

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856171

Amount of Each Receipt this Period

266.68

SUBTOTAL of Receipts This Page (optional)

886.18

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. George N Miller, Jr.
Mailing Address 500 West Court Street

City State Zip Code
Kankakee IL 60901-3661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena St. Mary's Hospi-
tal

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856341

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Keith Allen Page
Mailing Address 14 Brandonwood

City State Zip Code
O Fallon IL 62269-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856342

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Mr. James H Skogsbergh
Mailing Address 2025 Windsor Drive

City State Zip Code
Oak Brook IL 60523-1586

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Health Care

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856343

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856344

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. B. Bradford Billings

Mailing Address 2829 Cheswick Rd.

City State Zip Code
Quincy IL 62301-6380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blessing Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856345

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)

Mr. Edward B. Anderson

Mailing Address 100 East LeFevre Road

City State Zip Code
Sterling IL 61081-1347

FEC ID number of contributing
federal political committee.

C

Name of Employer
CGH Medical Center

Occupation
Director Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856346

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond Grady, FACHE

Mailing Address 2239 Charter Point Drive

City State Zip Code
Arlington Heights IL 60004-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Northwestern Healthcare

Occupation
President, Hospitals and Clinics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856347

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

B. Mr. John Halfen

Mailing Address 150 Pioneer Lane

City State Zip Code
Bishop CA 93514-2599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Inyo Hospital

Occupation
Administrator, Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856348

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mr. Gary A. Mecklenburg

Mailing Address 1344 Edge Wood Lane

City State Zip Code
Winnetka IL 60093-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hospital

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856349

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Jean Przybylek

Mailing Address 306 Highland

City State Zip Code
 Elmhurst IL 60126-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856351

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)

Mr. Timothy P. Selz

Mailing Address 2615 Washington Street

City State Zip Code
 Waukegan IL 60085-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Mercy Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856352

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)

Mr. Darryl L. Vandervort

Mailing Address 403 East First Street

City State Zip Code
 Dixon IL 61021-3187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Katherine Shaw Bethea Hos-
pital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856354

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William T Foley

Mailing Address 19065 Hickory Creek Drive, 300

City State Zip Code
Mokena IL 60448-8599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856355

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Ms. Margaret A Gavigan

Mailing Address 19065 Hickory Creek Dr, 300

City State Zip Code
Mokena IL 60448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Health

Occupation
Senior Vice President and Chief Clinic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856356

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Anthony Filer

Mailing Address 19065 Hickory Creek Dr, 300

City State Zip Code
Mokena IL 60448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Health

Occupation
Senior Vice President and Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856357

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Bertauski
Mailing Address 1400 West Park Street

City State Zip Code
Urbana IL 61801-2334

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Covenant Medical
Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856358

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Bruce Merrell
Mailing Address 400 North Pleasant Avenue

City State Zip Code
Centralia IL 62801-3056

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Mary's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856359

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert G Senneff, , CHE
Mailing Address 530 Park Avenue East

City State Zip Code
Princeton IL 61356-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856361

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Wayne M Lerner, , DPH

Mailing Address 1025 Glenview Road

City

Glenview

State

IL

Zip Code

60025-3134

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rehabilitation Institute
of Chicago

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856362

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Sherlyn Hailstone

Mailing Address 355 Ridge Avenue

City

Evanston

State

IL

Zip Code

60202-3399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856363

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Colleen Kannaday

Mailing Address 12935 South Gregory Street

City

Blue Island

State

IL

Zip Code

60406-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Francis Hospital and
Health Cent

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856364

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David A. Nelson

Mailing Address 1522 North Ashland Avenue

City State Zip Code
 River Forest IL 60305-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital & Health Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856365

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard J Carlson

Mailing Address 628 Old Tippecanoe

City State Zip Code
 Springfield IL 62707-8226

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John's Hospital

Occupation
Executive Vice President and Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856366

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis C Millirons

Mailing Address 2000 C North Springview Drive

City State Zip Code
 Kankakee IL 60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856367

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Jurica
Mailing Address 325 Rock Creek Drive

City State Zip Code
Manteno IL 60950-3470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856368

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert T. Clarke
Mailing Address 800 North Rutledge Street

City State Zip Code
Springfield IL 62781-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856369

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Edgar J Curtis, R.N.
Mailing Address 701 North First Street

City State Zip Code
Springfield IL 62781-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
Executive Vice President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856370

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Kevin R. England Mailing Address 39 Harbauer Lane City Springfield State IL Zip Code 62702-3444 FEC ID number of contributing federal political committee. C Name of Employer Memorial Health System Occupation President, Clinical Support Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> Transaction ID: 11856371 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	5		200.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	8		2	0	5																								
200.00																																
B. Full Name (Last, First, Middle Initial) Mr. William B Leaver Mailing Address 2701 17th Street City Rock Island State IL Zip Code 61201-5351 FEC ID number of contributing federal political committee. C Name of Employer Trinity Medical Center-West Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> Transaction ID: 11856372 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	5		500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	8		2	0	5																								
500.00																																
C. Full Name (Last, First, Middle Initial) Mr. Michael Thoms Mailing Address 2701 17th Street City Rock Island State IL Zip Code 61201-5351 FEC ID number of contributing federal political committee. C Name of Employer Trinity Medical Center-West Occupation Board Chair Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>5</td><td></td> </tr> </table> Transaction ID: 11856373 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	5		250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
1	2		2	8		2	0	5																								
250.00																																

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. William E Kessler, , FACHE

Mailing Address 1216 North Hanser Lane

City State Zip Code
 Godfrey IL 62035-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health Ce-
nter

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856374

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Michael L. Nelson

Mailing Address 1904 Montview

City State Zip Code
 Godfrey IL 62035-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony's Health Ce-
nter

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856375

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

Mr. Richard S Kowalski

Mailing Address 3333 North Seminary Street

City State Zip Code
 Galesburg IL 61401-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF St. Mary Medical Cent-
er

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856376

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith E Steffen

Mailing Address 530 N.E. Glen Oak Avenue

City State Zip Code
 Peoria IL 61637-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Francis Medical
Center

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856377

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathleen K DeVine

Mailing Address 2875 West 19th Street

City State Zip Code
 Chicago IL 60623-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anthony Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856378

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Ms. Patricia Shehorn

Mailing Address 1225 Lake Street

City State Zip Code
 Melrose Park IL 60160-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westlake Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856379

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. James T Frankenbach

Mailing Address 51 Bradford Lane

City State Zip Code
Oak Brook IL 60523-2350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush University Medical
Center

Occupation
Senior Vice President Corporate and Ho

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11856380

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)

Mr. William A Brown, , CHE

Mailing Address 77 North Airlite Street

City State Zip Code
Elgin IL 60123-4998

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Saint Joseph Hosp-
ital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857836

Amount of Each Receipt this Period

450.00

C. Full Name (Last, First, Middle Initial)

Mr. Robert Christie

Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President, Government and Legisla

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857838

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. D. Allan Gray

Mailing Address 4804 Northcott Avenue

City

Downers Grove

State

IL

Zip Code

60515-3435

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Chicago Hos-
pitals

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857842

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Donna King

Mailing Address 12731 S. 83rd Street

City

Palos Park

State

IL

Zip Code

60464-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advocate Illinois Masonic
Medical Cent

Occupation
Chief Nurse Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857843

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. James J. Kowalczyk

Mailing Address 1151 E. Warrenville Rd.

City

Naperville

State

IL

Zip Code

60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857845

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Rob Madsen

Mailing Address 1151 E. Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing federal political committee.

C

Name of Employer
Illinois Hospital AssociationOccupation
Manager, Worker's Compensation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857846

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Edward Molare

Mailing Address PO Box 842

City State Zip Code
 Frankfort IL 60423-0842

FEC ID number of contributing federal political committee.

C

Name of Employer
Provena HealthOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857847

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James M. Moore, CHE

Mailing Address 800 N.E. Glen Oak Avenue

City State Zip Code
 Peoria IL 61603-3255

FEC ID number of contributing federal political committee.

C

Name of Employer
OSF Healthcare SystemOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857848

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Potter
Mailing Address 430 Cobblestone Drive

City State Zip Code
Aurora IL 60506-4416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dreyer Medical Clinic

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857850

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. Kevin Rose
Mailing Address 808 Buck Court

City State Zip Code
Manteno IL 60950-3725

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Saint Joseph Hospital

Occupation
Director of Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11857852

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Belcher
Mailing Address Rt. 15, Box 241

City State Zip Code
Tallahassee FL 32311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Association

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859145

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William A. Bell
Mailing Address 944 Gentian Court

City State Zip Code
Tallahassee FL 32312-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859146

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Ms. Martha DeCastro
Mailing Address 1036 Alameda Drive

City State Zip Code
Tallahassee FL 32317-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
VP, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859147

Amount of Each Receipt this Period

120.00

C. Full Name (Last, First, Middle Initial)
Mr. Ralph Glatfelter
Mailing Address 7285 Heartland Circle

City State Zip Code
Tallahassee FL 32312-7501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859148

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

560.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Karen Late, MHS Mailing Address 444 North Capitol Street, NW Suite 532 City Washington State DC Zip Code 20001-1512 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859150 Amount of Each Receipt this Period 200.00
Name of Employer Florida Hospital Association Occupation Director, Federal Advocacy Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Mr. Wayne NeSmith Mailing Address 1105 Carriage Road City Tallahassee State FL Zip Code 32312-2501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859152 Amount of Each Receipt this Period 400.00
Name of Employer Florida Hospital Association Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00		
C. Full Name (Last, First, Middle Initial) Mr. Rich Rasmussen Mailing Address 405 El Destinado Drive City Tallahassee State FL Zip Code 32301-1522 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859155 Amount of Each Receipt this Period 200.00
Name of Employer Florida Hospital Association Occupation VP for Strategic Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
 Ms. Kathryn A. Reep
 Mailing Address 19 W. New Hampshire

City State Zip Code
 Orlando FL 32804-5911

FEC ID number of contributing federal political committee.

C

Name of Employer
 Florida Hospital Association - Orlando

Occupation
 Vice President, Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859156

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
 Ms. Kim Streit
 Mailing Address 1317 Eastin Avenue

City State Zip Code
 Orlando FL 32804-6309

FEC ID number of contributing federal political committee.

C

Name of Employer
 Florida Hospital Association - Orlando

Occupation
 VP, Health Research & Information

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859160

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
 Ms. Kathleen M. Whyte
 Mailing Address 444 North Capitol St, NW
 Suite 532

City State Zip Code
 Washington DC 20001-1512

FEC ID number of contributing federal political committee.

C

Name of Employer
 Florida Hospital Association

Occupation
 Sr. Vice President, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859161

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

440.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Philip K. Beauchamp

Mailing Address 1560 Gulf Blvd.

City State Zip Code
 Clearwater FL 33767-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morton Plant Mease Health
Care

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859329

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Cynthia Blair

Mailing Address 7935 Preservation Road

City State Zip Code
 Tallahassee FL 32312-6766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859332

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Ms. Mary F Bland

Mailing Address 1300 Miccosukee Road

City State Zip Code
 Tallahassee FL 32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Chief Information Officer and Vice Pre

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859334

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul C. Bosland

Mailing Address 16 Sea Marsh Road

City State Zip Code
 Amelia Island FL 32034-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859336

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Philip E. Boyce

Mailing Address 240 S. Hampton Club Way

City State Zip Code
 Saint Augustine FL 32092-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859337

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. Kenneth W. Bradley

Mailing Address 1112 Chichester Street

City State Zip Code
 Orlando FL 32803-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859338

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Sue G Brody

Mailing Address 701 Sixth Street South

City State Zip Code
 Saint Petersburg FL 33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859346

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John R. Brownlow

Mailing Address 5608 Bear Lake Circle

City State Zip Code
 Apopka FL 32703-1916

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
Vice President and Chief Operating Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859349

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. James R. Chromik

Mailing Address 2260 NE 44th Street

City State Zip Code
 Lighthouse Point FL 33064-7340

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeSoto Memorial Hospital

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859359

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Bill Ellis Mailing Address 6450 US Highway 1 City State Zip Code Melbourne FL 32955 FEC ID number of contributing federal political committee. C Name of Employer First Health, Inc. Occupation Vice President Government and Industri Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 295.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859380 Amount of Each Receipt this Period 232.50
B. Full Name (Last, First, Middle Initial) Ms. Dana Ferrell Mailing Address 807 Nira Street City State Zip Code Jacksonville FL FEC ID number of contributing federal political committee. C Name of Employer Nemours Children's Clinic Occupation Director of Government Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859384 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Chris Finton, , M.D. Mailing Address 6450 US Highway 1 City State Zip Code Melbourne FL 32955 FEC ID number of contributing federal political committee. C Name of Employer First Health, Inc. Occupation Senior Vice President Medical Staff Se Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859385 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)**1107.50****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert C. Galloway

Mailing Address 2346 Brookside Way

City State Zip Code
 Indialantic FL 32903-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Canaveral Hospital/H-
ealth First

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859389

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Mr. Lawrence F. Garrison

Mailing Address 6450 US Highway 1

City State Zip Code
 Rockledge FL 32955-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Canaveral Hospital/H-
ealth First

Occupation
Executive Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859391

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael V Gentry

Mailing Address 875 Sterthaus Avenue

City State Zip Code
 Ormond Beach FL 32174-5197

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital-Ormond
Memorial

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859393

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

775.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William A Giudice
Mailing Address 1300 Miccosukee Road

City State Zip Code
Tallahassee FL 32308-5093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Chief Financial Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859397

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. John Hillenmeyer
Mailing Address 1414 Kuhl Avenue

City State Zip Code
Orlando FL 32806-2093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orlando Regional Healthca-
re

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859411

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas P. Inzina
Mailing Address 405 Buttonwood Lane

City State Zip Code
Largo FL 33770-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Accord Health Care Corpor-
ation

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859420

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard M Irwin, Jr.

Mailing Address 10000 West Colonial Drive

City State Zip Code
 Ocoee FL 34761-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859421

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Donald L Jernigan, Jr., Ph.D.

Mailing Address 601 East Rollins Street

City State Zip Code
 Orlando FL 32803-1489

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859428

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Joel D. Johnson

Mailing Address 1621 Timber Hills Drive

City State Zip Code
 Deland FL 32724-7978

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859430

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Steven M Johnson

Mailing Address P O Box 59515

City State Zip Code
Panama City FL 32402-2515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Christopher S. Kennedy

Mailing Address 550 Hidden Creek Drive

City State Zip Code
Merritt Island FL 32952-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Coral Hospital

Occupation
President/COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859439

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Ford Kyes

Mailing Address 403 Red Cedar Ct.

City State Zip Code
Saint Petersburg FL 33703-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Anthony's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859440

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. Richard MacArthur, M.D.

Mailing Address 1122 Carriage Road

City State Zip Code
Tallahassee FL 32312-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation
Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859452

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Isaac Mallah

Mailing Address 4814 Cheval Boulevard

City State Zip Code
Lutz FL 33558-5337

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859455

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)

Ms. Dorothy J Mancini, R.N.

Mailing Address 2700 NE 23rd Street

City State Zip Code
Pompano Beach FL 33062-1120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperial Point Medical Ce-
nter

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859457

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 108 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen Mason
Mailing Address 3909 Snapper Pointe Drive

City State Zip Code
Tampa FL 33611-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
N.W. Fla. Comm. Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859458

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Marjory May
Mailing Address 1986 Stevenson Road

City State Zip Code
North Fort Myers FL 33917-3237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
System Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859460

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
Mr. John McLendon
Mailing Address 701 Sixth Street South

City State Zip Code
Saint Petersburg FL 33701-4891

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859467

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Michael D. Means
Mailing Address 6450 US Highway 1

City State Zip Code
Rockledge FL 32955-5747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First/Cape Canaver-
al Hospital

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859468

Amount of Each Receipt this Period

172.50

B. Full Name (Last, First, Middle Initial)
Mr. George Mikitarian, , Jr.
Mailing Address 951 North Washington Avenue

City State Zip Code
Titusville FL 32796-2194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parrish Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859472

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Tom Mills
Mailing Address 290 Pompano Drive

City State Zip Code
Melbourne FL 32951-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Canaveral Hospital/H-
ealth First

Occupation
Vice President Facilities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859475

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

422.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James R Nathan

Mailing Address P O Box 2218

City

Fort Myers

State

FL

Zip Code

33902-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859480

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Verbelee Nielson-Swanson

Mailing Address 428 Spring Valley Lane

City

Altamonte Springs

State

FL

Zip Code

32714-5828

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859484

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. G. Mark O'Bryant

Mailing Address 9616 Deer Valley Drive

City

Tallahassee

State

FL

Zip Code

32312-4245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tallahassee Memorial Heal-
thCare

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859486

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Mary Alice Phelan Mailing Address 2970 St. Johns Avenue #5D City Jacksonville State FL Zip Code 32205-8729 FEC ID number of contributing federal political committee. C Name of Employer St. Vincent's Medical Center Occupation Director, Community Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859494 Amount of Each Receipt this Period 187.50
B. Full Name (Last, First, Middle Initial) Ms. Diane S. Raines Mailing Address 4090 San Jose Boulevard City Jacksonville State FL Zip Code 32207-6063 FEC ID number of contributing federal political committee. C Name of Employer Baptist Health Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859497 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Mr. Roger Ray Mailing Address 75 Turtle Creek Circle City Oldsmar State FL Zip Code 34677-1913 FEC ID number of contributing federal political committee. C Name of Employer BayCare Health System Occupation Chief Medical Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11859499 Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)

512.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. C. B. Rebsamen, MD

Mailing Address 18201 Chesapeake Ct.

City State Zip Code
Fort Myers **FL** **33908-4676**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
Chief Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard K. Reiner

Mailing Address 1816 Lost Pine Lane

City State Zip Code
Apopka **FL** **32712-3957**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859502

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas M Rozek

Mailing Address 3100 SW 62nd Avenue

City State Zip Code
Miami **FL** **33155-3009**

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859510

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Slimen Saliba

Mailing Address 927 Laurel Leaf Court

City State Zip Code
Apopka FL 32712-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hospital College of Health Sciences

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859513

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Patrick A. Schlenker

Mailing Address 6830 Pine Street

City State Zip Code
Milton FL 32570-6793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Hospital of Pensacola

Occupation
Vice President of Regional Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859515

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)
Mr. Joseph F. Scott

Mailing Address 333 Sunset Drive
Apt. 206

City State Zip Code
Coral Springs FL 33065-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Broward Hospital District

Occupation
Interim VP, Network Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859518

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Jerry Senne

Mailing Address 233 Salvador Square

City State Zip Code
 Winter Park FL 32789-5618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health First, Incorporated

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859520

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Terry Shaw

Mailing Address 111 North Orlando Avenue

City State Zip Code
 Fort Worth FL 32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859522

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Alfred G Stubblefield

Mailing Address 4691 Bohemia Place

City State Zip Code
 Pensacola FL 32504-8523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health Care Corpo-
ration

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859535

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Debora Thomas

Mailing Address 4112 Piute Lane

City State Zip Code
 Ormond Beach FL 32174-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital-Ormond
Memorial

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859540

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)

Mr. Robert Thornton

Mailing Address 18931 Chaville Road

City State Zip Code
 Lutz FL 33558-2871

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayfront Medical Center

Occupation
Vice President of Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859542

Amount of Each Receipt this Period

125.00

C. Full Name (Last, First, Middle Initial)

Mr. Terry R. Upton

Mailing Address 2315 S.E. 14th Street

City State Zip Code
 Ocala FL 34471-2644

FEC ID number of contributing
federal political committee.

C

Name of Employer
Villages Regional Hospi-
tal, The

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859549

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John F Wilbanks
Mailing Address 800 Prudential Drive

City State Zip Code
Jacksonville FL 32207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Health

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11859554

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Mr. David A Schertz
Mailing Address 5666 East State Street

City State Zip Code
Rockford IL 61108-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSF Saint Anthony Medical
Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860583

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Robert G Senneff, , CHE
Mailing Address 530 Park Avenue East

City State Zip Code
Princeton IL 61356-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Perry Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860584

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Tim Zoph
Mailing Address 251 East Huron Street

City State Zip Code
Chicago IL 60611-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Memorial Hos-
pital

Occupation
Vice President Information Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860587

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
Ms. Terri L. Allen
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860589

Amount of Each Receipt this Period

224.00

C. Full Name (Last, First, Middle Initial)
Ms. Elena Butkus
Mailing Address 1151 E. Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860592

Amount of Each Receipt this Period

458.37

SUBTOTAL of Receipts This Page (optional)

807.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mark Deaton

Mailing Address 740 North Hayes

City State Zip Code
 Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.06

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860598

Amount of Each Receipt this Period

708.37

B. Full Name (Last, First, Middle Initial)

Ms. Nancy DeMarco

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860599

Amount of Each Receipt this Period

687.50

C. Full Name (Last, First, Middle Initial)

Ms. Lois DeTraglia

Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860600

Amount of Each Receipt this Period

229.24

SUBTOTAL of Receipts This Page (optional)

1625.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Barbara Filliung
Mailing Address 1013 59th Street

City State Zip Code
Lisle IL 60532-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860601

Amount of Each Receipt this Period

229.24

B. Full Name (Last, First, Middle Initial)
Mr. Brian Foster
Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860602

Amount of Each Receipt this Period

458.37

C. Full Name (Last, First, Middle Initial)
Ms. Tamara Lynn Gamrat
Mailing Address 1911 Hamilton Street

City State Zip Code
Murphysboro IL 62966-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph Memorial Hospi-
tal

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.34

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860603

Amount of Each Receipt this Period

171.93

SUBTOTAL of Receipts This Page (optional)

859.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Ann C. Guild

Mailing Address 1151 E. Warrenville Rd.
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860606

Amount of Each Receipt this Period

458.37

Full Name (Last, First, Middle Initial)

B. Mr. Richard A. Hamilton

Mailing Address 1151 E. Warrenville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860608

Amount of Each Receipt this Period

437.50

Full Name (Last, First, Middle Initial)

C. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860611

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1195.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Susan Kaufman
Mailing Address 1151 E. Warranville Rd.

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860613

Amount of Each Receipt this Period

231.00

B. Full Name (Last, First, Middle Initial)
Ms. Nichole Magalis
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860618

Amount of Each Receipt this Period

229.24

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Merryweather-Arges
Mailing Address 1151 E. Warrenville Road
PO Box 3015

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860621

Amount of Each Receipt this Period

687.50

SUBTOTAL of Receipts This Page (optional)

1147.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City

Springfield

State

IL

Zip Code

62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860624

Amount of Each Receipt this Period

687.50

Full Name (Last, First, Middle Initial)

B. Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City

Naperville

State

IL

Zip Code

60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860626

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City

Wheaton

State

IL

Zip Code

60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11860652

Amount of Each Receipt this Period

687.50

SUBTOTAL of Receipts This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Deryl L Jones		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 17601 NE Stoney Meadows Drive		
City	State	Zip Code
Vancouver	WA	98682-5617
FEC ID number of contributing federal political committee.		Transaction ID: 11864392
Name of Employer Adventist Medical Center		Amount of Each Receipt this Period 250.00
Occupation President and Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Mel Pyne		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 3015 Summit Sky Blvd.		
City	State	Zip Code
Eugene	OR	97405-6253
FEC ID number of contributing federal political committee.		Transaction ID: 11864393
Name of Employer PeaceHealth		Amount of Each Receipt this Period 250.00
Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Mr. Peter F Rapp		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 3181 SW Sam Jackson Park Road		
City	State	Zip Code
Portland	OR	97201-3098
FEC ID number of contributing federal political committee.		Transaction ID: 11864394
Name of Employer OHSU Hospital		Amount of Each Receipt this Period 250.00
Occupation Vice President and Executive Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Wendell Hesselstine

Mailing Address 1000 Third Street

City State Zip Code
 Tillamook OR 97141-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tillamook County General
Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11864396

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Bruce Bishop

Mailing Address 7777 SW Canyon Lane

City State Zip Code
 Portland OR 97225-3813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
State Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11864397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Andrew S. Davidson

Mailing Address 4000 Kruse Way Place

City State Zip Code
 Lake Oswego OR 97035-5545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Association of Hos-
pitals & Heal

Occupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11864398

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard Magenheimer
Mailing Address 8110 Gatehouse Road

City State Zip Code
Falls Church VA 22042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865642

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Dr. Edward G Murphy, M.D.
Mailing Address P O Box 13367

City State Zip Code
Roanoke VA 24033-3367

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carilion Health System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865644

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Paul Morlock
Mailing Address 271 River Oak Drive

City State Zip Code
Marion VA 24354-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smyth County Community Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865651

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ellen T. Menard

Mailing Address 621 Pommander Walk

City State Zip Code
Alexandria VA 22314-3846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Vice President Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865652

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)

Ms. Shannon Sinclair

Mailing Address 100 West Braddock Road

City State Zip Code
Alexandria VA 22301-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Health System

Occupation
Vice President/General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865654

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)

Ms. Kathryn Wall

Mailing Address 11513 Kingswood Blvd.

City State Zip Code
Fredericksburg VA 22408-1882

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medicorp Health System

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865714

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul Chidester
Mailing Address 1408 Five Hill Trail

City State Zip Code
Virginia Beach VA 23452-4704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chesapeake General Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865753

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
Mr. Dorka Picard
Mailing Address 779 Monomont Avenue

City State Zip Code
Woodbridge VA 22192-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Potomac Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865755

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Mr. Rodney Huebbers
Mailing Address 17646 Stonegait Court

City State Zip Code
Round Hill VA 20141-2264

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Loudoun Hospital

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865757

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Adrian Stanton

Mailing Address 5013 Fleming Drive

City

Annandale

State

VA

Zip Code

22003-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Inova Fairfax Hospital

Occupation

Sr. Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865763

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Mr. Alan B. Rindler

Mailing Address 1801 Beacon Street

City

Waban

State

MA

Zip Code

02468-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical
Center

Occupation

Trustee

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11865972

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Glenn D Cordner

Mailing Address P O Box 2003

City

Springfield

State

VT

Zip Code

05156-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springfield Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11866228

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Francis M Saba

Mailing Address 14 Prospect Street

City State Zip Code
 Milford MA 01757-3090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 11869314

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)

Mr. Michael W. Metzler

Mailing Address 795 Middle Street

City State Zip Code
 Fall River MA 02721-1798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Anne's Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 11869319

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Peter Lawrence

Mailing Address 18 Newbury Street

City State Zip Code
 Boston MA 02116-3246

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts-New England Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 9 / 2 0 0 5

Transaction ID: 11869320

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Henrietta S. Fielek
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Education

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11869322

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Trudy D. Chittick
Mailing Address 932 Arapahoe

City State Zip Code
Thermopolis WY 82443-2115

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hot Springs County Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 5

Transaction ID: 11869323

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. James P Barbuat
Mailing Address P O Box 1389

City State Zip Code
Opelousas LA 70571-1389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Opelousas General Health System

Occupation
Vice President Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869347

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Coletta Barrett, RN, MHA
Mailing Address 5000 Hennessy Boulevard

City State Zip Code
Baton Rouge LA 70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of the Lake Regional Medical

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869348

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. James E. Cathey, Jr.
Mailing Address P.O. Box 2668

City State Zip Code
Hammond LA 70404-2668

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Oaks Medical Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869350

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Clark R. Cosse, III
Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Association

Occupation
Vice President, Legal & Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869351

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert C. Davidge

Mailing Address 5000 Hennessy Boulevard

City State Zip Code
 Baton Rouge LA 70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Our Lady of the Lake Regional Medical

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869353

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Pete Dazzio

Mailing Address PO Box 2995

City State Zip Code
 Baton Rouge LA 70821-2995

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Association

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. John J. Finn, Ph.D.

Mailing Address 417 Magnolia Lane

City State Zip Code
 Mandeville LA 70471-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan Hospital Council of New Orleans

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869356

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Teri G Fontenot, , CHE

Mailing Address P O Box 95009

City State Zip Code
 Baton Rouge LA 70895-9009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woman's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11869357

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Erie J. Hebert, Jr., FAHCE

Mailing Address 1101 Medical Center Blvd.

City State Zip Code
 Marrero LA 70072-3191

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Jefferson Medical Ce-
nter

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871248

Amount of Each Receipt this Period

540.00

C. Full Name (Last, First, Middle Initial)

Mr. William R Holman, , CHE

Mailing Address 8585 Picardy Avenue

City State Zip Code
 Baton Rouge LA 70809-3679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baton Rouge General Medic-
al Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871249

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1290.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John A. Matessino

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary B Moffett, CPA

Mailing Address P.O. Box 2780

City State Zip Code
 Jena LA 71342-2780

FEC ID number of contributing
federal political committee.

C

Name of Employer
LaSalle General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871252

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Sean M. Prados, MPA

Mailing Address 9521 Brookline Avenue

City State Zip Code
 Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871257

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul A. Salles

Mailing Address 644 Apache Drive

City State Zip Code
Abita Springs LA 70420-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
VP, Health Economics & Decision Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871258

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Chris Vidrine

Mailing Address 9521 Brookline Avenue

City State Zip Code
Baton Rouge LA 70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer
Louisiana Hospital Associ-
ation

Occupation
Policy Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871264

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Steve Worley

Mailing Address 200 Henry Clay Avenue

City State Zip Code
New Orleans LA 70118-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer
Children's Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11871265

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary S Barber

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873396

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Lynn Barrett

Mailing Address 1141 NW 193rd Avenue

City State Zip Code
Pembroke Pines FL 33029-3220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873397

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. John A Benz

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Strategic Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873398

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Forest Blanton

Mailing Address 3501 Johnson Street

City State Zip Code
Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator Management Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873399

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Sue E Bradford, , R.N.

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873401

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Walter Bussell

Mailing Address 703 North Flamingo Road

City State Zip Code
Pembroke Pines FL 33028-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873403

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. William A. Edelstein
Mailing Address 1930 Lakepoint Dr.

City State Zip Code
Weston FL 33326-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Nursing Home Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873414

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. C. Kennon Hetlage
Mailing Address 19910 NW 2nd Street

City State Zip Code
Pembroke Pines FL 33029-3306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873424

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Stuart Hopen
Mailing Address 3831 N. 43rd Avenue

City State Zip Code
Hollywood FL 33021-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873425

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Jackson

Mailing Address 1920 South Ocean Drive
Apt. 1709

City State Zip Code
Fort Lauderdale FL 33316-3764

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Risk Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873427

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Catherine B. Johnson

Mailing Address 8390 North West 24th Court

City State Zip Code
Pembroke Pines FL 33024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital of Jack-
sonville

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873428

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Regginald L. Jordan

Mailing Address 5510 S.W. 21st Street

City State Zip Code
Hollywood FL 33023-3116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital Pembroke

Occupation
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873429

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Anthony C. Kraye, III
Mailing Address 340 W. Tropicla Way

City State Zip Code
Plantation FL 33317-3329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Corporate Affairs Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873431

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Ms. Lorraine L. Lutton
Mailing Address 6508 North River Boulevard

City State Zip Code
Tampa FL 33604-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873433

Amount of Each Receipt this Period

375.00

C. Full Name (Last, First, Middle Initial)
Dr. Stanley Marks, M.D.
Mailing Address 3501 Johnson Street

City State Zip Code
Pembroke Pines FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873435

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Keith Palant

Mailing Address 621 NW 193 Avenue

City State Zip Code
Pembroke Pines FL 33029-3263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Director of Security

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873445

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Christopher Perry

Mailing Address 5131 SW 168 Avenue

City State Zip Code
S.W. Ranches FL 3331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Director, HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873448

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. J E Piriz

Mailing Address 3682 Falcon Ridge Circle

City State Zip Code
Weston FL 33331-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873449

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robert Reese

Mailing Address 546-2 North East 7th Avenue

City State Zip Code
 Ft. Lauderdale FL 33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fort Lauderdale Hospital

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873454

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Joseph P. Reilly

Mailing Address 1740 NE First Street

City State Zip Code
 Fort Lauderdale FL 33301-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Administrator, External Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873455

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Kenneth P. Resmini

Mailing Address 2445 N. 37th Avenue

City State Zip Code
 Hollywood FL 33021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Director of Compliance & Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873456

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Zeff Ross		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 10213 Capri Street		Transaction ID: 11873460
City Hollywood	State FL	Zip Code 33026-4637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Hospital West	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Mr. Frank V Sacco, FACHE		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 3501 Johnson Street		Transaction ID: 11873461
City Hollywood	State FL	Zip Code 33021-5487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Memorial Healthcare System	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Mr. Steven R. Sampier		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5
Mailing Address 2830 S.W. 19th Terrace Unit C		Transaction ID: 11873462
City Fort Lauderdale	State FL	Zip Code 33315-2720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Regional Hospital	Occupation Director of Community Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David L. Schlemmer

Mailing Address 8621 NW 53rd Court

City State Zip Code
 Coral Springs FL 33067-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Healthcare System

Occupation
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873464

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Rhonda Sherrod

Mailing Address 1100 SW 11th Street

City State Zip Code
 Live Oak FL 32060-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at Live Oak

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Deborah Tedder

Mailing Address 3501 Johnson Street

City State Zip Code
 Hollywood FL 33021-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Regional Hospital

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873471

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Beatrix Thom Mailing Address 5610 Thrstledown Terrace City State Zip Code Davie FL 33331-2576 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Hospital Pembroke Director Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11873476 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Tammy Tucker Mailing Address 9631 Ridgeside Court City State Zip Code Davie FL 33328-6907 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Regional Hospital Assistant Administrator Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11873478 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Nina Tucker Mailing Address 3115 N. 36th Avenue City State Zip Code Hollywood FL 33021-3062 FEC ID number of contributing federal political committee. C Name of Employer Occupation Memorial Regional Hospital Administrator Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 3 0 / 2 0 0 5 Transaction ID: 11873479 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Felicia Turnley
Mailing Address 5212 NW 67th Avenue

City State Zip Code
Lauderhill FL 33319-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hospital West

Occupation
Administrative Director, Cancer Servic

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11873480

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert C Chapman, , FACHE
Mailing Address 50 Medical Park East Drive

City State Zip Code
Birmingham AL 35235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastern Health System, In-
c.

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11873638

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Mr. William H Anderson
Mailing Address Post Office Box 610

City State Zip Code
Sheffield AL 35660-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Helen Keller Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 5

Transaction ID: 11873639

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas P DeGraaf

Mailing Address 1007 Goodyear Avenue

City State Zip Code
 Gadsden AL 35903-1195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gadsden Regional Medical
Center

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11873640

Amount of Each Receipt this Period

640.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael D Marshall

Mailing Address P O Box 890

City State Zip Code
 Demopolis AL 36732-0890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bryan W. Whitfield Memori-
al Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11873641

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

C. Mr. Lewis A. Standeffer

Mailing Address 809 University Blvd. East

City State Zip Code
 Tuscaloosa AL 35401-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northport Medical Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 8 / 2 0 0 5

Transaction ID: 11873642

Amount of Each Receipt this Period

290.00

SUBTOTAL of Receipts This Page (optional)

1530.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Sammy Watson

Mailing Address 809 University Boulevard E.

City State Zip Code
 Tuscaloosa AL 35401-2071

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCH Health System

Occupation
Director, Community Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873654

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. A. Elizabeth Anderson

Mailing Address 6600 Apple Cross Drive North

City State Zip Code
 Mobile AL 36695-2900

FEC ID number of contributing
federal political committee.

C

Name of Employer
USA Children's and Women's
Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873655

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Sheila Price Limmroth

Mailing Address 1711 Lake Avenue

City State Zip Code
 Tuscaloosa AL 35401-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer
DCH Regional Medical Cent-
er

Occupation
Director, Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873656

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pam Cole
Mailing Address 106 Mulberry Ct.

City State Zip Code
Dothan AL 36303-9332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873657

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Talana Bell Wilkins
Mailing Address 7990 South Co. Road

City State Zip Code
Dothan AL 36301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Flowers Hospital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873658

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Rosemary Blackmon
Mailing Address 547 Le Grand Place

City State Zip Code
Montgomery AL 36106-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Association

Occupation
Vice President of Public Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873659

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Jane Knight
Mailing Address 1612 Salisbury Place

City State Zip Code
Montgomery AL 36117-2562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873660

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Danne J. Howard
Mailing Address 1812 Woodmere Loop

City State Zip Code
Montgomery AL 36117-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation
VP, State Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873661

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Gregg B. Everett
Mailing Address 8224 Parkview Court

City State Zip Code
Montgomery AL 36117-6964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation
Sr. Vice President & General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873662

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. J. Frazer Rolen, Jr.

Mailing Address 2204 Lakeshore Drive
Suite 230

City State Zip Code
Birmingham AL 35209-6729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alabama Hospital Associat-
ion

Occupation
Sr. VP & Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873663

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

B. Mr. Timothy J Thornton

Mailing Address 3712 Shady Cove Drive

City State Zip Code
Birmingham AL 35243-2467

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB Medical West

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873664

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda U Jordan

Mailing Address P O Box 1270

City State Zip Code
Ashland AL 36251-1270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clay County Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 6 / 2 0 0 5

Transaction ID: 11873665

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Hammeran
Mailing Address 1417 Capri Lane

City State Zip Code
Weston FL 33326-4023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Miami Children's Hospital

Occupation
Chief Officer of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 0 5

Transaction ID: 11875495

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Katie Vaughan
Mailing Address 10-B Auburn Court

City State Zip Code
Alexandria VA 22305-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1034595116169

Amount of Each Receipt this Period

38.24

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Melinda Reid Hatton
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR1045726216169

Amount of Each Receipt this Period

76.72

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

364.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Sarah Berk			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1082532716169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Former Director, Grassroots Advocacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR1113464216169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>11.23</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Section Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW			Transaction ID: PR1125613616169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>22.67</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

53.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City

Lake Barrington

State

IL

Zip Code

60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.53

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727316169

Amount of Each Receipt this Period

76.72

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City

Rockville

State

MD

Zip Code

20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation

Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745916169

Amount of Each Receipt this Period

45.34

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Suzanne R. Sonik

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Director, Long-Term Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777216169

Amount of Each Receipt this Period

25.00

P/R Deduction (\$10.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

147.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debra J. Stock
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.77

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327777816169

Amount of Each Receipt this Period

22.74

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Neil J. Jesuele
Mailing Address 1003 Kimberly Place

City State Zip Code
Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801716169

Amount of Each Receipt this Period

45.40

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812016169

Amount of Each Receipt this Period

22.67

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

90.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851916169

Amount of Each Receipt this Period

45.40

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858016169

Amount of Each Receipt this Period

76.72

P/R Deduction (\$40.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
Millis MA 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877816169

Amount of Each Receipt this Period

125.00

P/R Deduction (\$41.66 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

247.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Davidson

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327942116169

Amount of Each Receipt this Period

95.22

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. James Henderson

Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
VP, Corporate Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328094116169

Amount of Each Receipt this Period

23.71

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Lorschach

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136916169

Amount of Each Receipt this Period

90.80

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

209.73

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian Mailing Address 5545 N. Wayne City Chicago State IL Zip Code 60640-1318 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR328223816169 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">50.00</td> </tr> </table> P/R Deduction (\$20.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	50.00									
M	M	/	D	D	/	Y	Y	Y	Y														
50.00																							
B. Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 958.41			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR328224816169 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">83.34</td> </tr> </table> P/R Deduction (\$40.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	83.34									
M	M	/	D	D	/	Y	Y	Y	Y														
83.34																							
C. Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D. Mailing Address 13106 Vingle Lane City Silver Spring State MD Zip Code 20906 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR328224916169 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">76.72</td> </tr> </table> P/R Deduction (\$40.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y	76.72									
M	M	/	D	D	/	Y	Y	Y	Y														
76.72																							

SUBTOTAL of Receipts This Page (optional)**210.06****TOTAL** This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260916169	
Mailing Address 325 Seventh Street, NW Suite 700			Amount of Each Receipt this Period 153.44	
City	State	Zip Code		
Washington	DC	20004-2818		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	P/R Deduction (\$80.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310416169	
Mailing Address 1221 Cavalier Road			Amount of Each Receipt this Period 76.72	
City	State	Zip Code		
Arnold	MD	21012-2126		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Sr. Vice President, Communications		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312716169	
Mailing Address 1001 N. Potomac St.			Amount of Each Receipt this Period 76.72	
City	State	Zip Code		
Arlington	VA	22205-1629		
FEC ID number of contributing federal political committee. C				
Name of Employer American Hospital Association-Washingt		Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

306.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341816169	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 76.72	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Director, Political Action & Grassroot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
B. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511816169	
Mailing Address 200 Clover Hill Court		Amount of Each Receipt this Period 41.68	
City Yardley	State PA	Zip Code 19067-5736	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 979.32		
C. Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328512016169	
Mailing Address 909 N. Madison St.		Amount of Each Receipt this Period 41.68	
City Arlington	State VA	Zip Code 22205-1655	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Vice President, Media Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.32		

P/R Deduction (\$40.00 Bi-Weekly)

P/R Deduction (\$47.60 Bi-Weekly)

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

160.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Anne E. Ubl

Mailing Address 801 Pennsylvania Ave, NW
#245

City State Zip Code
Washington DC 20004-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328767016169

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Rebecca Chickey

Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Director, Psychiatric and Substance Ab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013416169

Amount of Each Receipt this Period

45.40

P/R Deduction (\$20.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City State Zip Code
Nashville TN 37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329215716169

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

205.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Evans
Mailing Address One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR3293426169

Amount of Each Receipt this Period

22.60

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Audrey L. Harris

Mailing Address 1136 W. Farwel
Unit 1W

City State Zip Code
Chicago IL 60626-3861

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Executive Director, ASDVS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329654216169

Amount of Each Receipt this Period

22.60

P/R Deduction (\$10.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Tama Mattocks

Mailing Address 325 Seventh Street, NW
Liberty Place, Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330273416169

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

85.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia Meersman

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Executive Services Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330343316169

Amount of Each Receipt this Period

25.00

P/R Deduction (\$10.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475416169

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Dr. Donald Nielsen, MD

Mailing Address 195 Oxford Court

City

Alamo

State

CA

Zip Code

94507-1753

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330524816169

Amount of Each Receipt this Period

76.72

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

181.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534316169

Amount of Each Receipt this Period

22.67

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Gene O'Dell

Mailing Address 530 North Lakeshore Drive
Unit 2303

City State Zip Code
Chicago IL 60611-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330547716169

Amount of Each Receipt this Period

47.61

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549216169

Amount of Each Receipt this Period

50.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush
Mailing Address 2303 Burke Avenue

City State Zip Code
Alexandria VA 22301-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Dir., Advocacy & Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304216169

Amount of Each Receipt this Period

25.00

P/R Deduction (\$10.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Judy Weinsheimer
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331386916169

Amount of Each Receipt this Period

20.00

P/R Deduction (\$10.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533216169

Amount of Each Receipt this Period

43.46

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

88.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR517619716169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>22.67</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Sr. Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>500.00</div>		
B. Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR801366316169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>20.00</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Dir. Policy Developme		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>250.00</div>		
C. Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt <div> <div>M M / D D / Y Y Y Y Y</div> </div>	
Mailing Address 325 Seventh Street, NW Suite 700			Transaction ID: PR876637216169	
City State Zip Code Washington DC 20004-2818			Amount of Each Receipt this Period <div>20.84</div>	
FEC ID number of contributing federal political committee. <div>C</div>				
Name of Employer American Hospital Association-Washingt		Occupation Senior Associate Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div>239.66</div>		

P/R Deduction (\$20.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

63.51

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Sheila R. Meadows

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR936292316169

Amount of Each Receipt this Period

23.71

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. David A. Strickland

Mailing Address One N. Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.77

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR939603916169

Amount of Each Receipt this Period

22.74

P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

46.45

TOTAL This Period (last page this line number only)

148371.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)
A. AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
Suite 900

City State Zip Code
Phoenix AZ 85012

FEC ID number of contributing
federal political committee.

C C00217687

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18080.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 5

Transaction ID: 11813802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)
B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City State Zip Code
Rensselaer NY 12144

FEC ID number of contributing
federal political committee.

C C00160259

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 11816467

Amount of Each Receipt this Period

20000.00

Full Name (Last, First, Middle Initial)
C. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79395.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 5

Transaction ID: 11816713

Amount of Each Receipt this Period

8970.00

SUBTOTAL of Receipts This Page (optional)

29220.00

TOTAL This Period (last page this line number only)

29220.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2458.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	5

Transaction ID: 11871058

Amount of Each Receipt this Period

296.34

Bank Interest Received

SUBTOTAL of Receipts This Page (optional)

296.34

TOTAL This Period (last page this line number only)

296.34

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City Dallas State TX Zip Code 75201

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11871060

Date of Disbursement

12 / 06 / 2005

Amount of Each Disbursement this Period

78.55

Bank Fees

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11871061

Date of Disbursement

12 / 12 / 2005

Amount of Each Disbursement this Period

14.25

Bank Fees

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

Bank Fees

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11871059

Date of Disbursement

12 / 20 / 2005

Amount of Each Disbursement this Period

68.18

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

160.98

TOTAL This Period (last page this line number only)

160.98

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 11799220

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Mailing Address 111 C Street SE
Lower Unit

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11799209

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

5000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City
Seaford

State
NY

Zip Code
11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 3

Transaction ID: 11799212

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Judy Biggert For Congress

Mailing Address P.O. Box 637

City
Hinsdale

State
IL

Zip Code
60522

Purpose of Disbursement
Contribution

Candidate Name
Rep. Judy Biggert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Transaction ID: 11799221

Date of Disbursement

12 / 01 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 North Capitol St, NW
Suite 585

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11800907

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Evan Bayh Committee

Mailing Address 850 Ft Wayne Avenue

City
Indianapolis

State
IN

Zip Code
46204

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Evan Bayh

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 2

Transaction ID: 11800939

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

2500.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Congressional Majority Committee

Mailing Address 3 Lenox Street

City Chevy Chase State MD Zip Code 20815

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11800930

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

4000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 3

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11800965

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Crowley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 7

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11800943

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Norm Coleman For U.S. Senate

Mailing Address 1412 Energy Park Drive #11

City
Saint Paul

State
MN

Zip Code
55108

Purpose of Disbursement
2008 Contribution

Candidate Name
Sen. Norm Coleman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 2

Transaction ID: 11800963

Date of Disbursement

12 / 05 / 2005

Amount of Each Disbursement this Period

1000.00

2008 Contribution

Full Name (Last, First, Middle Initial)

B. Jim Ryun For Congress

Mailing Address PO Box 826

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim R. Ryun

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 2

Transaction ID: 11800964

Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Brian Baird For Congress

Mailing Address PO Box 5016

City
Vancouver

State
WA

Zip Code
98668

Purpose of Disbursement
Contribution

Candidate Name
Rep. Brian Baird

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 3

Transaction ID: 11800941

Date of Disbursement

12 / 08 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Bluegrass Committee

Mailing Address 400 North Capitol St, NW
Suite 585

City Washington State DC Zip Code 20001

Purpose of Disbursement
2005 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11808112

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1500.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name
Rep. William Franklin Shuster

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 9

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 11808123

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name
Rep. William Franklin Shuster

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 9

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 11808126

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Moore For Congress

Mailing Address PO Box 14631

City
Shawnee Mission

State
KS

Zip Code
66285

Purpose of Disbursement
Contribution

Candidate Name
Rep. Dennis Moore

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 3

Transaction ID: 11808113

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Boswell For Congress

Mailing Address PO Box 6220

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Contribution

Candidate Name
Rep. Leonard L. Boswell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 3

Transaction ID: 11808115

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Johnson For Congress Committee

Mailing Address P. O. Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy L. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 5

Transaction ID: 11808117

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

4000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Johnson For Congress Committee

Mailing Address P. O. Box 1986

City
New Britain

State
CT

Zip Code
06050

Purpose of Disbursement
Contribution

Candidate Name
Rep. Nancy L. Johnson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 5

Transaction ID: 11808122

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jeb Bradley For Congress

Mailing Address 645 South Main Street

City
Wolfeboro

State
NH

Zip Code
03894

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jeb Bradley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 1

Transaction ID: 11808114

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Marshall

Mailing Address PO Box 125

City
Macon

State
GA

Zip Code
31201

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim Marshall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 3

Transaction ID: 11808118

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Price For Congress

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Thomas E. Price, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 6

Transaction ID: 11808120

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John S Fund

Mailing Address PO Box 65796

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
2005 Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11808111

Date of Disbursement

12 / 09 / 2005

Amount of Each Disbursement this Period

1000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 400 North Capitol St, NW
Suite 585

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement
2005 Contribution

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11815716

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

2005 Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stabenow For Us Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
Contribution

Candidate Name
Sen. Debbie Stabenow

Office Sought: ☐ House
☒ Senate
☐ President

State: MI District: 2

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11815725

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

1900.00

Contribution

Full Name (Last, First, Middle Initial)

B. Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City University Heights State OH Zip Code 44118

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stephanie Tubbs Jones

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 11

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11815724

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jesse Jackson Jr For Congress Committee

Mailing Address Post Office Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jesse L. Jackson, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 2

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 11815726

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4900.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Heartland Values PAC

Mailing Address P.O. Box 505

City
Sioux Falls

State
SD

Zip Code
57101

Purpose of Disbursement
2005 Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11815721

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

4000.00

2005 Contribution

Full Name (Last, First, Middle Initial)

B. Roskam For Congress Committee

Mailing Address 423 W. Wesley Street

City
Wheaton

State
IL

Zip Code
60189

Purpose of Disbursement
Contribution

Candidate Name
Mr. Peter Roskam

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 6

Transaction ID: 11815734

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of George Allen

Mailing Address PO Box 6859

City
Arlington

State
VA

Zip Code
22206

Purpose of Disbursement
Contribution

Candidate Name
Sen. George F. Allen

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For:

2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 2

Transaction ID: 11815722

Date of Disbursement

12 / 14 / 2005

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mark Udall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 2

Transaction ID: 11816495

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Crapo For Us Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Mike Crapo

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 2

Transaction ID: 11816493

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

2000.00

2010 Contribution

Full Name (Last, First, Middle Initial)

C. Westmoreland For Congress

Mailing Address P.O. Box 458

City Sharpsburg State GA Zip Code 30277

Purpose of Disbursement
Contribution

Candidate Name
Mr. Lynn Westmoreland

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 8

Transaction ID: 11816498

Date of Disbursement

12 / 15 / 2005

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 182 / 182

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Linder For Congress

Mailing Address P. O. Box 4026

City Duluth State GA Zip Code 30096

Purpose of Disbursement
Void of 5/31/2005 Contribution

Candidate Name
Rep. John Linder

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 7

Transaction ID: 11857806

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

-2000.00

Void of 5/31/2005 Contribution

Full Name (Last, First, Middle Initial)

B. Kolbe For Congress

Mailing Address P O Box 31568

City Tucson State AZ Zip Code 85751

Purpose of Disbursement
Void Of 11/14/2005 Contribution

Candidate Name
Rep. James T. Kolbe

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 8

Transaction ID: 11906621

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

-1000.00

Void Of 11/14/2005 Contribution

Full Name (Last, First, Middle Initial)

C. Leadership Empowerment and Development PAC

Mailing Address PO Box 12703

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
Void of 7/18/05 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 11873346

Date of Disbursement

12 / 31 / 2005

Amount of Each Disbursement this Period

-1000.00

Void of 7/18/05 Contribution

SUBTOTAL of Disbursements This Page (optional)

-4000.00

TOTAL This Period (last page this line number only)

54900.00